

one page

JAN 29 2010

BY [REDACTED] DEPUTY

Please type in ink. 2010 FEB -1 AM 8:50 A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Viegas	John	Keith			
MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Glenn County Board of Supervisors

Division, Board, District, if applicable:

Your Position:

Board Member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☒ County of Glenn

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: \_\_\_\_\_

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes - schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B ☐ Yes - schedule attached  
*Real Property*

Schedule C ☐ Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D ☐ Yes - schedule attached  
*Income - Gifts*

Schedule E ☐ Yes - schedule attached  
*Income - Gifts - Travel Payments*

-or-

☒ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed January 29, 2010  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed statement with your filing official.)

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION

CG

2010 MAR -1 AM 8:21

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

RECEIVED  
SHERYL THUR, COUNTY CLERK

FEB 24 2010

- Reminder – you must mark the gift or income box.
- You are not required to report “income” from government agencies.

BY [REDACTED] DEPUTY

► NAME OF SOURCE  
California State Association of Counties  
ADDRESS  
1100 K Street Suite 101  
CITY AND STATE  
Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Board of Directors Meetings  
DATE(S): 01/01/09 - 12/31/09 AMT: \$ 187.10  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income  
DESCRIPTION: Meal expenses for attending meetings

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_\_  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
DESCRIPTION: \_\_\_\_\_

► NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_\_  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
DESCRIPTION: \_\_\_\_\_

**Verification**

Print Name John K. Viegas  
Office, Agency or Court Glenn County Board of Supervisors Dist1  
Statement Type ☐ 2008/2009 Annual ☐ Assuming ☐ Leaving  
☒ 09 Annual ☐ Candidate  
(yr)  
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.  
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  
Date Signed February 24, 2010  
(month day year)  
Signature \_\_\_\_\_

Comments: The information was sent to me after I completed the form 700 and submitted the form to the elections office. I was unaware that the association compensated me for my meals.